



JCAHO Pocket Guide 2005



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Baptist Medical Center South JCAHO Pocket Guide 2005

This new Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Pocket Guide is designed to guide you through some of the basic elements of what you are required to know during Spring 2005 JCAHO survey. Effective January 2006, all surveys will be unannounced.

JCAHO conducts an evaluation of hospitals and makes recommendations to help improve hospital safety and the quality of patient care.

JCAHO accreditation is closely linked with our ability to demonstrate to the community and payor sources that we provide quality patient care and services. Accreditation is a “gold seal of approval” which assists in attracting patients to our facility.

Best wishes on your survey!
(Missi)Mary R. Halvorsen, RN BSN
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Baptist Health
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Baptist Health Mission Statement

To continue the healing ministry of Christ by providing accessible, quality health care services at a reasonable cost in an atmosphere that foster respect and compassion.

TIP:

JCAHO does not expect you to memorize the mission statement, however you must be able to state it in your own words. Remembering the underlined “Cs” on the previous page will help in remembering the mission statement.

Core Values

Community Advocacy

Respect

Excellence

Stewardship

TIP:

These are listed on the back of your employee badge and seen on performance evaluations annually.

Baptist Medical Center South Administration

- President, CEO, A. Hugh Greene
- Administrator, Ron Robinson
- Assistant Administrator for Nursing, Cathy Nasby
- Sr VP Medical Affairs/Clinical Effectiveness, Keith Stein, MD
- Chief of Medical Staff, Dickie Myers, MD
- Assistant Administrator for Clinical/Support Services, Stephen Lee
- Director of HR, Volunteers/Community Relations, Christine Johnson

Scope of Care/Services

Scope of care/services is what you do and the type of patients you serve or care for at Wolfson. It includes services, diagnosis, patient population, average age, average length of stay, hours of operation and multidisciplinary team members.

TIP:

Scope of care/service is located in Policy/Procedure Manual. You may be asked to describe your role and how it relates to the mission of the hospital.

Medications and Medication Safety

(Adverse Drug Reaction) (ADR) ADR form, complete and forward to Pharmacy. All drugs kept in restricted observed areas or locked up.

Narcotic waste is witnessed and signed or documented in Accudose. Narcotics must be discarded in sink or toilet, not in sharps container.

- Opened multi vials good for 28 days.
- Opened vials must be dated and initialed.
- Crash cart locked and checked every 24 hours.

Medication Errors

Look-alike, sound-alike drugs

Pharmacy has taken measures to reduce the risk of look-alike, sound-alike drugs, which includes staff education and posters. For further information, contact Pharmacy.

Medication Variance and Occurrence Reporting

Baptist Health fosters a non-punitive culture and encourages employees to report medication errors/adverse occurrences.

Patient Rights

Patient Bill of Rights

Given to patients upon admission, the Patient Bill of Rights provides explanations of their rights and responsibilities.

Informed Consents

Informed consents are obtained by the physician. Nurses confirm that the patient understands the content of the consent and witnesses the signature of the patient.

Advance directives

Baptist Health addresses the wishes of the patient relating to end-of-life decisions.

- Policies address advance directives and the framework for withdrawing life-sustaining treatment and withholding resuscitative services: *See Baptist Health Administrative Policy # 2.30 Advance Directives, Checklist for the Withdrawal or Withholding of Life Prolonging Procedures form, and POS-29 Resuscitation Status Form.*
- Adults are given written information about their right to accept or refuse medical or surgical treatment: *See Patient Bill of Rights and Advance Directive checklist.*
- Documentation indicates whether or not the patient has signed an advance directive: *See the Advance Directives Checklist that is completed by the Patient Access Department.*
- The patient has the option to review and revise advance directives: *Refer to Social Services or Patient Advocate for assistance*

- Appropriate staff are aware of the advance directive if one exists:
The direct caregivers should be aware if an advance directive exists and attempt to obtain a copy of the advance directive as the condition warrants.
- Upon patients' requests, Baptist Health helps or refers them to the proper source in formulating advance directives:
Information is available on the Baptist Intranet, from social services or patient advocate.

Patient/Employee Complaints/Grievances

Immediately inform manager or administration when a complaint and/or grievance occurs.

TIP:

Employee complaints: Baptist Health Grievance Resolution Policy # 1.2.13. Patient complaints: refer to hospital policy.

Effective Communication

Communication Impaired (language barriers): Contact supervisor for on-site translator and/or deaf/blind services.

Translation services available at Baptist South include:

- Baptist Health Language Bank (Recommended for non-medical information) For list of volunteer employee interpreters, contact hospital operator.
- On-line Telephone Professional Interpreters Service (Recommended for interpretation of medical information)

TIP:

Refer to Baptist Health policy #2.25 Ensuring Effective Communication with Patients. Patients are never billed for interpreter services. Call your supervisor if interpreter services are needed.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA was originally conceived to guarantee health insurance coverage for employees and their families when they change or lose jobs. The law has since expanded to include a focus on confidentiality of personal health information. For example, confidentiality of computer passwords and proper disposal/handling of discarded patient related documents. Charts should be closely attended and diagnosis and/or procedure should not be displayed with name.

- Baptist Health HIPAA Privacy Officer: Harvey Granger, 202.5066
- Baptist Health Health Information Security Officer: Danny Seffens, 202.1959
- HIPAA Privacy line for patients: 202. 4472 (202.HIPA)

Ethics

Corporate Compliance

Baptist Health's Corporate Compliance program was developed to encourage the prompt reporting, investigation, and corrective action (if needed) of alleged unethical conduct by corporate officers, managers, employees, independent contractors, physicians, other health care professionals and consultants. Reporting is confidential and protected.

- Corporate Compliance Hotline: 202.4685
- Corporate Compliance Officer: Harvey Granger, 202.5066
- Director of Corporate Compliance and Risk Management: Cory Meyers, 202.5644

Code of Ethical Behavior

Baptist Health is committed to conducting business lawfully and ethically. “Code of Ethical Behavior in Business Practices” # 6.3.5. defines and ensures uniformity in standards of conduct.

Ethics Committee

Meets on an as-needed basis for issues related to care of patients as well as decisions that may be necessary in regard to that care. For example, decisions and/or conflicts regarding continuation of life-sustaining procedures or treatment, especially in the absence of an Advance Directive.

Members comprised of: physician, chaplain, community representative, attorney, nurse and administration

Patient Assessment, Care and Treatment

Pain Assessment

All patients are assessed for pain at time of admission. Clinicians must reassess and evaluate pain management interventions, documenting on progress notes. Use pain scale: 1-10, color spectrum, and/or Wong-Baker faces.

History & Physicals

Musts be completed within 24 hours of admission. Informed consents and history and physicals are good for 28 days.

Abused or Neglected Patient

Inform Manager/Supervisor. See Baptist Health policy Patient Abuse/Neglect #338. Clinicians are required to have domestic violence education according to licensure.

Patient and Family Education

Patient/ family education must be documented in patients' medical records. Legally, if not documented, it was not presented.

Anesthesia/Moderate Sedation

Licensed independent practitioner must assess immediately (2 - 3 minutes) prior to induction. Document assessment.

Operative Note

Must be written immediately following surgery, includes pre and post diagnosis, procedure, surgeon and assistants' names, findings, specimens removed, disposition of specimens and estimated blood.

Performance Improvement (PI)

The structure used to improve Quality, Cost, and Service, Performance Improvement has been called by many names. These include Performance Improvement Enhancement (PIE), Quality Improvement (QI) and Continuous Quality Improvement (CQI). All are the same.

PI Methodology- (FAST)

F- Find an aim (a problem).

A- Analyze (collect data).

S- Select process(es) for change.

T- Test the change (collect more data).

TIP:

Know what **FAST** means. Be able to discuss the PI project(s) in your department. Display PI projects within your department with charts/graphs or storyboards, as it is much easier to explain when you have an illustration of the projects.

Baptist Health 2005 Strategic Goals

1. Enhance clinical excellence and quality.
2. Create ideal patient experience.
3. Become employer of choice.
4. Maintain rate of growth and financial stability.
5. Practice social responsibility.

Baptist South's ORYX indicators

ORYX is JCAHO's database for comparative analysis on outcomes of care. Baptist South is studying outcomes of care for patients diagnosed with heart failure, pregnancy related conditions pneumonia and surgical infection prevention (newly added July 2004).

Safety Committees

Baptist South Safety Committee (Environment of Care)

Members:

- Director Safety/Security: Andy Sikes
- Assistant Administrator for Clinical/Support Services: Stephen Lee
- Safety Specialist: Jim Murphy

Representative members from: Infection Control, Employee Health, Risk Management, Plant Facilities, Environmental Services, Nursing, Administration and others as needed.

Objectives:

To provide a safe and effective environment for patients, families and staff. Manages the seven key elements of the environment: safety, security, hazardous materials and waste, emergency management, fire prevention, medical equipment management and utility systems.

Baptist Health Patient Safety Improvement Committee Members:

- Committee Chair: Keith Stein, MD
- Patient Safety Officer: Michael Reedy
- Baptist Health multidisciplinary members from: Medical Staff, Nursing, Risk Management, Regulatory/Accreditation Pharmacy, Laboratory, Clinical Effectiveness/Performance Improvement, Safety/Security, Administration, Imaging, others as needed.

Objectives:

To reduce and/or prevent medical/health care errors to improve patient safety and reduce risk

Systemwide Patient Safety Initiative:

Infection Control: Improve compliance to the Centers for Disease Control (CDC) hand hygiene guidelines by all hospital and medical staff, as well as families and others with the patient.

Safety and Security

Fire

Code Red: Dial 7777

PASS for extinguishers: (Pull-Aim-Squeeze-Sweep)

RACE for rescue: (Rescue-Alarm-Contain-Extinguish)

Evacuate beyond firewall doors and then down or out if necessary.

In case of fire, oxygen (O₂) valves to be shut off by most senior person in charge, upon notification by Fire Marshal.

Bomb threat

Code Yellow: Dial 7777

Disaster

Code Orange: Outside agency will notify Emergency Operator.

HAZMAT Spills

Code H: Dial 7777. Use Personal Protection Equipment (PPE). Obtain Material Safety Data Sheets (MSDS) for information on chemical.

Material Safety Data Sheets (MSDS)

“Right to Know Hazardous Materials”: Know location of hardcopy manual or how to access on the computer:

<http://hazard.com/msds/index.php>

or

go to e-baptisthealth employee page, click “Safety, Security and Parking”, click to update your departments MSDS.

Cardiac Arrest

Code Blue: Dial 7777 or pull code button.

Infant/Pediatric Abduction

Code Adam: Dial 7777.

Emergency Rescue Response

Code Green: Dial 7777.

Workplace Violence

Code Violet: Dial 7777.

Faulty Medical Equipment

Medical Equipment Failure

During use on a patient:

Remove equipment. Provide immediate care to patient for injury, if applicable. Label equipment “Broken” with description of how it doesn’t work appropriately. Complete incident report including Equipment Event section on reverse of form. Save all product

packaging and equipment in place at time of event. Notify Risk Management of patient injury. Call Clinical Engineering (CE) tech. 202.5294.

Not in use on patient at time of event:

Label equipment “broken” with description of what occurred. Remove from service. Call CE tech, 202.5294 to report broken equipment for repair.

Faulty Non- Medical Equipment

Remove from area if possible. Label as defective. Describe problem and remove from service. Call Plant Facilities, 202.1430.

Tools Used by Baptist Health for Improvement of Patient/Employee Safety

Hazard Vulnerability Analysis (HVA)

A proactive analysis tool used to evaluate possible emergency/ disaster scenarios based on probability of occurrence, possible risk and current state of preparedness. For example, hurricane preparedness plans.

Failure Mode and Effect Analysis (FMEA)

A proactive analysis tool used to measure possible failure rates and criticality (degree of risk) within processes. For example, medication administration process of ordering, dispensing and administering.

Root Cause Analysis (RCA)

Used to identify causal factors (the root cause) for a variation in performance or outcome. Focuses primarily on systems and processes, not individual performance.

Human Resources (HR) Staffing Effectiveness Indicators

The national need to address staffing issues is impetus behind JCAHO's new staffing effectiveness standards. Effective July 1, 2002, JCAHO required healthcare organizations to select indicators to compare and analyze HR staffing data with clinical outcomes of care. Baptist Health studies the following common HR staffing effectiveness indicators at each hospital: Turnover, Patient Satisfaction, Medication Errors and Employee Injuries. Information gained is used to help leadership identify and correct potential staffing effectiveness issues.

Infection Control

Standard Precautions, Personal Protective Equipment (PPE) such as gowns, gloves, masks, and goggles, hand hygiene and participation in the Employee Health Program to prevent the spread of infection are used to prevent spread of infection.

New CDC Hand Hygiene Guidelines

CDC released "hand-hygiene" guidelines as of October 2002:

1. **Use alcohol-based hand rubs to clean your hands.**
Studies indicate increase in compliance and significantly reduced number of microorganisms on skin when using alcohol-based hand rubs.
2. Handwashing with soap and water required whenever hands are visibly soiled, in order to remove particles.
3. Do not use hand lotions from outside, only approved hand lotions purchased by our facility; some break down protective integrity of rubber gloves.
4. Health care personnel in direct contact with patients should not wear artificial nails. Natural nails must be less than 3/16 inch long.

Tracer Methodology

Tracer methodology is JCAHO's new process of tracing the care a patient experiences throughout their stay in a health care organization. Surveyors utilize tracer activities to assess patient care and system process issues with standard compliance. Tracer activities are also used to assess interdisciplinary relationships and communication between departments or services. This includes inpatient, outpatient, ambulation, behavioral health and home care services.

New JCAHO Survey Method

The old survey process, comprised of scheduled survey activities, limited a surveyor's ability to assess the care of the patient across the continuum of care. This led to gaps in assessment and a certain degree of surveyor frustration. Using the old survey method, the surveyor is unable to adequately follow-up on issues identified during survey activities. For example, while visiting a Critical Care unit, the surveyor assesses an issue that occurred on the Medical/Surgical unit. However, the surveyor has already visited the Medical/Surgical unit and is scheduled to move on to visit the Laboratory.

Types of Tracers

There are two types of tracer activities – patient tracers and system tracers.

Patient tracers follow the path of selected patients through our organization. All employees, physicians and services caring for the patient/family, directly or indirectly may potentially be interviewed by a JCAHO surveyor during the tracer activity. This

is a “real-time” assessment of how effectively and safely we manage the care of our patients and families. JCAHO surveyors first review the patient chart to gather information, after which they interview staff about the care of the patient. Patient and family may be interviewed as well.

System tracers differ from patient tracers in that they explore high-risk system processes common to healthcare organizations. These include medication management, infection control and the use of data. System tracers are scheduled interview (discussion) sessions involving leadership, directors and managers; however, these may also result in a patient tracer activity at the end of the interview. For example, during the medication management interview, the surveyor might request a follow-up patient tracer activity on a patient receiving pain management or chemotherapy.

Number of Tracers In A Survey

The new tracer methodology allows for flexibility and follow-up on identified issues. Flexibility is built into tracer methodology, which comprises approximately 60 percent or more of survey activities. On the survey agenda, tracer activities will be randomly distributed throughout each day of the survey schedule. There are no time constraints for tracer activities, thus they may last 45

minutes to several hours, depending on the issues identified. On average, a three day hospital survey will consist of ten to 12 patient tracers. Taking into consideration the size and comprehensive services we offer, we can expect a significant number of tracers.

One the first day and each subsequent day of the survey, JCAHO surveyors will request an active daily census list and surgical schedules for our current patients. Using these lists, they will select patients based on diagnosis, risk/severity of illness and length-of-stay criteria.

2005 Hospitals' National Patient Safety Goals

Note: New Goals and Requirements are indicated in bold.

Goal: Improve the accuracy of patient identification.

- Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples **and other specimens for clinical testing; or providing any other treatments or procedures.**

TIP:

Surveyors will ask (or observe) employees and patients with respect to the identifiers used. Baptist Health's Patient Identification Policy #2.35 accepts the following as identifiers: Patient name, date of birth, Medical Record Number (MRN) or account number (Acct).

Goal: Improve the effectiveness of communication among caregivers.

- For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- **Measure, assess and, if appropriate, take action to improve timeliness of reporting and receipt of critical test results and values by the responsible licensed caregiver.**

TIP:

Clinicians who receive verbal/telephone orders or critical test results should always read back order or test result as to a "layperson". Avoid read-back of abbreviations. On the phone, "Q" may sound like "2."

See Page 24 for the list of Do Not Use Abbreviations, the use of which is prohibited in any documentation in the patient's medical record. The Do Not Use Abbreviation list is located in the policy and procedure manual and also visible as a screen-saver on most computers on campus.

Goal: Improve the safety of using medications.

- Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate and sodium chloride >0.9%) from patient care units.
- Standardize and limit the number of drug concentrations available in the organization.
- **Identify and, at a minimum, annually review list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving their interchange.**

TIP:

High alert medications such as concentrated potassium should not be available in general patient care areas. Notify pharmacy immediately if you find them.

Medications and needles/syringes should be locked and inaccessible to public.

Clinicians should be aware of the look-alike, sound-alike drugs used in the hospital. Contact pharmacy for a listing and post near medication administration rooms or medication carts.

Goal: Improve the safety of using infusion pumps.

- Ensure free-flow protection on all general-use and patient controlled analgesia (PCA) intravenous infusion pumps.

TIP:

Clinical employees may be asked to demonstrate how they know the infusion pump they are using is free-flow protected. This can be accomplished by turning off the pump (clamps open), then removing the IV set from the pump. The IV/PCA tubing should not free flow.

All pumps are checked by CE tech for free-flow protection prior to entering Baptist Health and also checked annually during maintenance.

Goal: Reduce the risk of health care-associated infections.

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- To identify cases of unanticipated death or major permanent loss of function associated with a health care-associated infection, treating it as sentinel event (unanticipated negative outcome).

TIP:

Use alcohol foam before entering and upon leaving a patient's room, encouraging and instructing patients, families and visitors to do same. Surveyors will observe hand hygiene practices during the survey.

Healthcare acquired infections (HAI) is a new JCAHO term for "nosocomial".

Goal: Accurately and completely reconcile medications across the continuum of care.

- During 2005, for full implementation by January 2006, develop process for obtaining and documenting complete list of patients' current medications upon their admission to the organization and with their involvement. This process includes a comparison of medications the organization provides to those on the patient's list.
- A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

TIP:

When a patient is admitted, involve patient and/or family in obtaining and documenting an accurate list of medications the patient is currently taking. Clinicians must ensure list is communicated to the next provider or service (transfer or discharge).

Goal: Reduce risk of patient harm resulting from falls. Assess and periodically reassess each patient's risk for falling, including potential risk associated with patient's medication regimen, taking action to address any identified risks.

TIP:

A patient's fall risk may fluctuate from baseline assessment due to the effects of medication. Clinicians must reassess fall risk after a patient receives sedatives, analgesics, muscle relaxants and/or mood altering drugs. Ensure patient's safety by implementing fall preventative measures.

Overview for Universal Protocol

In July 2003, JCAHO created and approved the Universal Protocol for preventing wrong site, wrong procedure and wrong person surgery. Universal Protocol draws upon and integrates several of the pre-existing 2003 and 2004 National Patient Safety Goals and is applicable to all operative and invasive procedures.

TIP:

In developing this protocol, consensus was reached on the following principles:

Active involvement and effective communication among all members of the surgical team is important for success.

To the extent possible, patient (or legally designated representative) should be involved in the process.

A requirement for site marking should focus on cases involving right/left distinction, multiple structures (fingers, toes) or levels (spine).

Universal protocol should be applicable or adaptable to all operative and other invasive procedures that expose patients to harm, including procedures done in settings other than the operating room.

In concert with these principles, the following steps, taken together, comprise the Universal Protocol for eliminating wrong site, wrong procedure, wrong person surgery:

Pre-operative verification process

Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with the patient's expectations and with the team's understanding of the intended patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.

Process: An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the "time out" just before the start of the procedure.

Marking the operative site

Purpose: To identify unambiguously the intended site of incision or insertion.

Process: For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.

"Time out" immediately before starting the procedure.

Purpose: To conduct a final verification of the correct patient, procedure, site and, as applicable, implants.

Process: Active communication among all members of the surgical/procedure team, consistently initiated by a designated member of the team, conducted in a "fail-safe" mode, i.e., the procedure is not started until any questions or concerns are resolved.

TIP:

- Surveyors will ask clinicians working in surgical/invasive procedural areas about “time-out” and pre-operative verification processes. Surveyors will also look for documentation of the pre-operative checklist in the patient’s medical record.
- Surveyors will ask employees about or observe the process for surgical/invasive procedural sites. At Baptist Health, our policy is to mark “Yes” on the surgical site (or a dot on ophthalmology patients). There should be no other marks on the surgical area.

Approved Guidelines for Abbreviations Not to Use

DO NOT USE THESE:

1. Do not use “U” as an abbreviation for ‘Unit’, as in units of insulin or heparin
2. Do not use a “trailing” zero after a decimal point, as in “1.0 g”
3. Do not use a number less than one without a “leading” zero before the decimal point, as in “.5g”
4. Do not use “MgSO₄” Sulfate, “Mag Sulfate” or “Magnesium.”
5. Do not use “MSO₄” (or MS) Sulfate” or “Morphine”
6. Do not use “MS” Sulfate” or “Morphine”
7. Do not use QD
8. Do not use QOD
9. Do not use IU
10. Do not use “ug”
11. Do not use “T. I. W.”
12. Do not use “c.c.”

INSTEAD USE:

- Spell out “unit”
- Write “1 g”
- Write “0.5 g”
- Write “Magnesium Sulfate”
- Write “Morphine Sulfate”
- Write “Morphine Sulfate”
- Write “daily”
- Write “every other day”
- Write “international unit”
- Write “microgram”
- Write “three times a week!”
- Write “mL”

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Additional Baptist Medical Centers:

BAPTIST MEDICAL CENTER
DOWNTOWN
800 Prudential Drive
Jacksonville, Florida 32207
(904) 202-2000

BAPTIST MEDICAL CENTER
BEACHES
1350 13th Avenue South
Jacksonville Beach, Florida 32250
(904) 247-2900

BAPTIST MEDICAL CENTER
NASSAU
1250 South 18th Street
Fernandina Beach, Florida 32034
(904) 321-3500

WOLFSON CHILDREN'S HOSPITAL
800 Prudential Drive
Jacksonville, Florida 32207
(904) 202-8000



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